SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:		PA	\GE24	32080F	243528	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only							
	Detailed Summary Page	21b	22 28a	23 28b	24 28c		25 29	26 30b	
Iny information copied from such Reports and Statem	nents may not be sold or used					3G CO			
or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
ActBlue									
Full Name (Last, First, Middle Initial)									
A. LUCY BLACKMAN			Date of Disbursement						
			M = M	/ D			YYY	7	
Mailing Address POBOX 42			04	1	1	_ 20)14	_	
City	State Zip Code		Trans	ation ID	. CD20A	4.40	27024		
***====**	NY 12495		Iransa	iction id	: SB28A	_140	0/031		
Purpose of Disbursement Contribution Refund			Amount	of Each	Disburse	ment	this Pe	eriod	
Candidate Name Category/									
Туре							35.0	0	
Office Sought: House Disburser Senate	nent For: Primary General								
President Other (specify) ▼				Refund of contribution, initially earmarked for DEMOCRATIC CONGRESSIONAL CAMPAIGN					
State: District:	• • • • • • • • • • • • • • • • • • • •		COMMIT	TEE (CO	00009				
Full Name (Last, First, Middle Initial)									
· KENNETH BLOCK			Date of	Disburse	ment				
Mailing Address 104 8TH ST. N.			м = м 04	/ D	0 /)14	7	
Walling Address 104 61H 51. N.			04	, i	o .		/14	-	
	State Zip Code		Trans	action ID	: SB28A	159	19091		
NORTHWOOD Purpose of Disbursement	IA 50459								
Contribution Refund			Amount	of Each	Disburse	ment	this Pe	riod	
Candidate Name		Category/					4.0)()	
Office Sought: House Disbursem	nent For:	Туре	-	-,	7				
	Primary General		Refund	of contrib	ution initi	ially e	armarke	ed for ACTBL	
President	Other (specify) ▼		(C00401		ution, iiii	iuny o	arriarre	74 101 710 1 B	
State: District:									
Full Name (Last, First, Middle Initial)			Data of	Disburse	mont				
C. KENNETH BLOCK				/ D		V II V	YYY	-	
Mailing Address 104 8TH ST. N.			04		0		14		
011									
City State Zip Code NORTHWOOD IA 50459			Transaction ID: SB28A_15919090						
Purpose of Disbursement									
Contribution Refund			Amount	of Each	Disburse	ment	this Pe	riod	
Candidate Name		Category/ Type					20.0	0	
Office Sought: House Disbursem	nent For:	71: -		,	,				
	Primary General				ution, initi				
	Other (specify) ▼		PROGR (C00458		CHANGE	CAM	PAIGN	COMMITTE	
State: District:			(555-56	550)					
State: District:									
SUBTOTAL of Disbursements This Page (optional)		_					59.0	0	